



## STATE OF ARKANSAS

Department of Veterans Affairs  
1501 W. Maryland Ave.  
North Little Rock, Arkansas 72120  
(501) 992-0190 / FAX (501) 992-0162

Mike Beebe  
Governor

David Fletcher  
Director

### MEMORANDUM

TO:

FROM:

DATE:

SUBJ:       Resignation

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Please accept this as my resignation effective at the close of business on \_\_\_\_\_.

The reason for my resignation is \_\_\_\_\_

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I \_\_\_\_\_ do/do not desire to extend my insurance.  
(circle one)

Sincerely,

NOTE: A copy of this form must be forwarded to Personnel.